

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/585541		FILING DATE					
CLAIMS									APPLICANT(S)					
①	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		1						55						
6		2						56						
7		①						57						
8		①						58						
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47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1	↓	0	↓	0	↓		TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	10	←	0	←	0	←		TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	11		0		0			TOTAL CLAIMS	0		0		0	

PTO - 1360 (REV. 04/2007)

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